

Arizona Department of Health Services
Office for Children with Special Health Care Needs

Date

Address

RE:

NOTICE OF INTENDED ACTION
FAMILY RESOURCE COORDINATION SERVICES DISCHARGE

Dear:

The Arizona Department of Health Services (ADHS), Office for Children with Special Health Care Needs (OCSHCN), hereby notifies you of the decision to discharge _____ from all services provided by the ADHS/OCSHCN Family Resource Coordination Program effective _____. This action is being taken for the following reason(s):

If you feel discharge from the Family Resource Coordination Program is not appropriate and you disagree with the decision, you may contact your Family Resource Coordinator _____ at _____ to reopen Family Resource Coordination services.

Sincerely,

C: Member File